

Highlands Recreation District
1851 Lexington Avenue
San Mateo, CA 94402
650-341-4251 650-349-9627 FAX
www.highlandsrec.ca.gov

**APPLICATION FOR EMPLOYMENT – AN EQUAL OPPORTUNITY EMPLOYER
FOR GM, SUPERVISOR, MAINTENANCE AND ADMINISTRATIVE POSITIONS**

The Highlands Recreation District maintains a policy of treating all employees and applicants for employment without regard to race, color, creed, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation or affectional preference, citizenship or any other characteristic protected by law in all employment decisions, including but not limited to recruitment, hiring, compensation, training, apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off, termination and all other terms and conditions of employment.

Last Name: _____			First: _____			Middle: _____		
Street Address: _____						Email: _____		
City: _____			State: _____		Zip Code: _____		How long have you lived here? _____	
Home Phone: _____			Cell Phone: _____			Social Security Number: _____		

Please list addresses for last 10 years (use an additional sheet of paper if necessary):	
1. _____	
2. _____	
3. _____	

Languages Spoken Fluently (if relevant to the position for which you are applying):	
1. _____ 2. _____ 3. _____	

Position Applying For: _____		Date Available: _____	
Are you presently employed?		Yes _____	No _____
If yes, may we contact your present employer?		Yes _____	No _____

How did you hear of the job opening for which you are applying: _____	
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Do you have any relative(s), or persons with whom you are involved in a close personal relationship, employed by the District? If so, list:	
Name _____	Relationship _____

Were you ever previously employed by the _____ District? Yes ___ No ___	
From: _____ To: _____	
Do you currently have unrestricted work authorization allowing you to accept employment in the United States?	
Yes _____ No _____	

In the event of an emergency, whom may we contact?

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Are you willing to work evenings? Yes ____ No ____ Are you willing to work weekends? Yes ____ No ____

Are you 18 years or older? Yes _____ No _____

Can you, with or without reasonable accommodation, perform the essential functions of the position in which you are interested?

Yes _____ No _____

EDUCATIONAL BACKGROUND

Level	Name and Address of School	Course of Study	Years Attended	Circle last Year Completed	Did you Graduate?	List Diploma or Degree
High School						
Technical or Business				1 2 3 4		
College				1 2 3 4		
Graduate				1 2 3 4		

If you have any additional educational, vocational and/or professional information, such as special areas of research or study, training, seminars, etc., please attach such information that is relevant to your application here. _____

Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations). Supplement this information by written attachment if applicable. _____

Please list any paid or volunteer experience in your community. _____

EMPLOYMENT HISTORY (START WITH PRESENT AND ATTACH ADDITIONAL SHEETS (IF NECESSARY))

Employer		Title of Position Held		
Address		Describe Duties Performed		
Type of Business	Phone Number	Starting Salary Final Salary		
Employed From (Mo./Yr.)	To (Mo./Yr.)	Supervisor	May we contact?	Reason for Leaving?

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MILITARY RECORD

Were you in the U.S. Armed Forces? No _____ Yes _____ Branch: _____

From: _____ To: _____ List duties in service, including special training: _____

AVAILABILITY

School Year - Days of Week and Hours Available (to:from)

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Maximum Hours Per Week _____

Summer – Days of Week and Hours Available (to:from)

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Maximum Hours Per Week _____

I certify that all the information submitted by me on this application is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omissions are discovered.

My signature below certifies that I understand that if I am extended an offer of employment by the Highlands Recreation District, my employment is contingent upon satisfactory completion of a medical examination (if applicable to the position for which you are applying), including a drug test (if applicable to the position for which you are applying), and submission of proof that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

I understand that this application is only valid for the position applied for at present and that the Highlands Recreation District is not obligated to retain or consider this application for future openings.

Applicant Signature: _____ **Date of Application:** _____